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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	6			
TOTAL DEP.	24			
TOTAL CLAIMS	30			

IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					